



SUMMERVILLE UNION HIGH SCHOOL DISTRICT

Today's Date ___ / ___ / ___
Month Day Year

ADULT EDUCATION STUDENT REGISTRATION FORM

Print Clearly. Use Ink. Fill out completely.

Please note: The CA Department of Education requests demographic data for all adults who enroll in classes. This information may assist our school in qualifying for State and Federal funds. Information is confidential and only reported collectively.

Please check one. Returning New AM PM
Program: ESL/Citiz ASE or GED Diploma IEP 504 CTE Frail or Disabled ABE Life Long Learning

PART 1 Social Security Number (optional) OFFICE USE ONLY Student ID Entered in ASAP: Date By: May already have ID

1. Name 2. Birth Date 3. Gender
Last Name First Name Middle Month Day Year Male Female

4. Address 5. Home Phone 6. Work Phone 7. Cell Phone
Number and Street Apartment # City State Zip

8. Email

Part 2 9. Highest Diploma/Degree Completed 9a. My Degree was earned outside the US 10. Labor Force Status (Check One) 11. Ethnicity 11a. Race 12. Total Years of School Completed 12a. Majority of Schooling Outside United States?

13. My Family (Household) Total Gross Annual (per year) Income before Taxes is? (Check one) 14. Number of Dependents 15. Marital Status 16. Primary Language

Parts 3 and 4 17. Student Type/Personal Status (check all that apply or leave blank) 18. Birth Place (Country) 19. Emergency Contact Information

Goals What are your goals after graduation?